

Washington County Dental Plan

Summary of Dental Benefits

TYPE OF PLAN	PPO	Plan:	SFWAC
NETWORK	Total Dental Administrators (TDA)	Option ID:	WACDP
OUT OF NETWORK	Patient is responsible for the difference between the doctor's charges and the PPO contracted allowed amounts.		
DEDUCTIBLE:		MAXIMUM BENEFITS ALLOWED	
Individual	\$250 Combined in and out of network (ortho only- One ded. Per lifetime)	Annual individual	\$1,000
Family	\$500 Combined in and out of network (ortho only- One ded Per lifetime)	Orthodontia life maximum	\$1200 Children to Age 19

PERCENTAGES OF COVERAGE:

	<u>Network</u>	<u>Out of Network</u>	<u>Deductible</u>
Preventive	100% of PPO Contracted Rate	100% of PPO Contracted Rate	Deductible Waived
Basic	80% of PPO Contracted Rate	80% of PPO Contracted Rate	Deductible Waived
Major	50% of PPO Contracted Rate	50% of PPO Contracted Rate	Deductible Waived
Orthodontics	50% of PPO Contracted Rate	50% of PPO Contracted Rate	Deductible Applicable Payable in Installments

WAITING PERIODS

Preventive	None	
Basic	None	
Major	12 Months	Waiver with Certificate of Credible Coverage
Orthodontics	12 Months	Waiver with Certificate of Credible Coverage

FREQUENCIES

Exams Routine	2 per year
Bite wing X-rays	Up to 4 procedures/2 per year
Periapical X-rays	6 per year
Cleanings	2 per year
Fluoride treatments	2 per year
Panoramic X-rays/FMX	1 every 3 years
Sealants	
Periodontics	2 per year
Perio Maintenance	1 per year

LIMITATIONS

Through Age 15
Permanent Molars through Age 15
2 per year in lieu of cleaning

SPECIALTY CATEGORIES

Endodontics	Basic
Periodontics	Basic
Oral Surgery	Basic

SPECIFIC SERVICES

	COVERED	CATEGORY	LIMITATIONS
Anesthesia (General IV)	Yes	Major	Covered for children under age 8, once per year. Age 8 and over for extraction of impacted teeth only.
Bleaching	No	Not applicable	
Bone Grafting	Yes	Based on procedure performed	
Composite Fillings	Yes	Basic	Limited to one every 18 months on the same surface
Custom Abutement	No	Not applicable	
Crowns	Yes	Major	Benefit payable once every 5 years for same tooth
Drugs/Medicaments	No	Not applicable	
Extractions/Wisdom Teeth	Yes	Basic	Impacted covered under medical. Med. deductible waived.
Full Mouth Debridement	Yes	Basic	Limited to 1 every 5 years
Full Mouth X-rays/Pano	Yes	Preventive	
Implants	No	Not applicable	
Missing Tooth Clause	Yes	Not applicable	
Mouth Guards (Occlusal)	Yes	Major	
Occlusal xray	Yes	Preventive	
Palliative Treatment	Yes	Basic	
Periodontics	Yes	Basic	
Prosthodontic Services	Yes	Major	Initial installation/replacement limited to once every 5 years
Replacement Clause	Yes	Not applicable	
Arestin/Antimicrobial	Yes	Basic	
Sealants (permanent molars)	Yes	Basic	Thru Age 15
Space Maintainers	Yes	Basic	Thru Age 15
TMJ/Orthognathic	No	Not applicable	
Veneers/Cosmetics	No	Not applicable	

01/01/2011

Dependent Eligibility: Age 26 (Married Dependents are eligible)